

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-family: monospace;">10765726</div>		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50												
Total Indep	7		7									
Total Depend	0		0									
Total Claims	7		7									
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57												